Effective October 1, 2001

CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL ENTITY TYPE			OTHER	
TOTAL CLAIMS			49					RATE	FEE	1	RATE	FEE
FOR			NUMBER FILED		NUMB	ER EXTRA		BASIC FEE	370.00	OR	BASIC FEE	740.00
TOTAL CHARGEABLE CLAIMS			4 9 minus 20=		• 29			X\$ 9=		OR	X\$18=	522
INDEPENDENT CLAIMS			3 minus 3 =		· 0			X42=		OR	X84=	
MULTIPLE DEPENDENT CLAIM PRESENT								+140=		OR	+280=	
* If the difference in column 1 is less than zero, enter "0" in column 2						ı	TOTAL		OR	TOTAL	1262	
CLAIMS AS AMENDED - PART II											OTHER	
<u>_</u>	1-04	(Column 1) CLAIMS		(Colur		(Column 3)		SMALL		OR	SMALL	ENTITY
ENTA		REMAINING AFTER AMENDMENT		NUMI PREVIO PAID	BER DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
AMENDMENTA	Total	.16	Minus	5	79			X\$ 9=		OR	X\$18=	
	Independent	* / INTATION OF MI	Minus JLTIPLE DEI	PENDENT	CLAIM	-	H	X42=		OR	X84≃	
. ,								+140=		OR	+280=	
								TOTAL ODIT, FEE		OR	YOTAL ADDIT, FEE	
<u>}</u>	35 05 (Column 1) (Column 2) (Column 3)											
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUMI PREVIO PAID	BER DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	• 16	Minus	** Y	9	= 0		X\$ 9=		OR	X\$18=	0
AME	Independent	NTATION OF ML	Minus	+th	3 CLAIM	-0		X42=		OR	X84=	0
	THISTTALGE	MATION OF MC	CHI CE DEI	CHOCK	CDAIN		, [	+140=		OR	+280=	
								TOTAL		OR	TOTAL ADDIT, FEE	0
ADDIT, FEE ADDIT, FEE ADDIT, FEE ADDIT, FEE ADDIT, FEE ADDIT, FEE												
ENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGHI NUME PREVIO PAID I	EST BER XUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
AMENDMEN	Total	•	Minus	**		-		X\$ 9=		OR	X\$18=	
EKE	Independent	*	Minus	***		=	lt	X42=			X84=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM									OR		
• 14	* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.									OR	+280=	
**	** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."									OR ,	TOTAL ADDIT. FEE	
***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  ADDIT. FEE												
OPM	9TO-275 (Pay 94						2					COMMEDCE